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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47204

1. Corporation Name

CRESTVIEW, POST NO. 5450, VETERANS OF FOREIGN WA
RS OF THE UNITED STATES, INC.

Principal Place of Business

2240 W JAMES LEE BLVD
CRESTVIEW FL 32536
US

Mailing Address

2240 W JAMES LEE BLVD
CRESTVIEW FL 32536
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/06/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2898228

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEIER, WILLIAM
3142 EARL KENNEDY RD.
CRESTVIEW FL 32539

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE

NAME BEIER, WILLIAM
STREET ADDRESS 3142 EARL KENNEDY RD.
CITY-ST-ZIP CRESTVIEW FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV DELETE

NAME MAY, BOBBY
STREET ADDRESS 4045 PAINTER BRANCH RD.
CITY-ST-ZIP CRESTVIEW FL

2.1 TITLE DV Change Addition
2.2 NAME Roberts, Thomas S
2.3 STREET ADDRESS 658 Ridgelaake Rd.
2.4 CITY-ST-ZIP CRESTVIEW FL 32536

TITLE DT DELETE

NAME BREWER, RICHARD E
STREET ADDRESS 466 WILKERSON BLUFF RD
CITY-ST-ZIP HOLT FL

3.1 TITLE DT Change Addition
3.2 NAME Flick Roger P
3.3 STREET ADDRESS 826 MAYO TRAIL Lot 14
3.4 CITY-ST-ZIP CRESTVIEW FL 32536

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 JAN 99

682-5552

Date

Daytime Phone #

CR2E037 (1/98)